

Pest Management Plan Checklist

County: _____ Date Plan Submitted: _____ Crop year PM plan is written for _____
(from harvest to harvest)

Producer/Owner Name, Address & Phone Number	Farm # _____ Tract # _____ Cropland Acres _____	Circle relevant pest management program(s): USDA – EQIP, 319 Grant, other _____
Name of Ag Industry planner, business address, phone number, email, certification organization & number (if applicable)		Conservation staff planner name and field office

Pest Management Standard (595)

Yes No Location in PM plan/Comments

1. Aerial Site Photographs or Maps and a Soil Map a. Photos indicate field boundaries and field ID numbers? b. Fields/areas with pesticide application restrictions identified? c. Soils pesticide leaching and runoff potentials evaluated? d. Environmentally sensitive areas identified and discussed with producer?	a.* b. c.* d.	a.* b. c.* d.	
2. Management Plan to control pests (plant, insect, and disease) a. Identification of key pests and beneficial organisms? b. Planned control methods identified? c. Crop scouting completed? (planting and emergence, early, mid-season and late season development and preharvest evaluation) d. Complete scouting records included? (maps and reports) e. Competency of person scouting adequate to carry out plan? (list person) f. Pesticide applications based on predicted/estimated loss and risk? (economic threshold)	a.* b.* c.* d.* e.* f.*	a.* b.* c.* d.* e.* f.*	
3. Written Plan Components for Field Pesticide Recommendations a. Potential for pest control products to degrade surface and/or groundwater determined and reduced? (SPISP, NAPRA) b. Risk of pest control products exposure to non-target species of animals and plants that are on or off site reduced? c. Appropriate federal, state and local regulations followed? d. Adequate protection provided to farm workers and others using or exposed to pest control products?	a.* b.* c.* d.*	a.* b.* c.* d.*	
4. Soil loss on fields receiving pesticides is less than or equal to T?	a.	a.	
5. Additional items a. Record keeping system uses Purdue ID-198 or equivalent? b. Record keeping system uses FSA tract and field numbers? c. Table of contents included in plan/record keeping? d. Annual accomplishment report and checklist for meeting minimum standards of pest management plan included and signed? (required for incentive payment/cost share)	a.* b.* c. d.	a.* b.* c. d.	

(*) Required for minimum plan. If “no”, explain why and include action plan for correction in comments.

Comments (continue on back as needed)

Practice (does) (does not) meet minimum standards & specifications.

Conservation staff reviewer _____ **Date** _____